	in this information to identify your case				
Det	tor 1 Anthony Scott Walte	Middle Name	Last Name		
	tor 2 Carly Diane Walters				
(Spo	use if, filing) First Name	Middle Name	Last Name		
Uni	ed States Bankruptcy Court for the: E	ASTERN DISTRICT OF	MICHIGAN		
Cas	e number 17-48035-mbm				
(if kn	own)			_	c if this is an
				amen	ded filing
	ficial Form 106Sum				
			d Certain Statistical Information		12/15
			re filing together, both are equally responsible for information on this form. If you are filing amend		
	original forms, you must fill out a new				•
Par	1: Summarize Your Assets				
				Your a	ssets
					of what you own
1.	Schedule A/B: Property (Official Form	106A/B)		c	65 552 00
	1a. Copy line 55, Total real estate, from	Schedule A/B		\$	65,552.00
	1b. Copy line 62, Total personal property	y, from Schedule A/B		\$	22,276.00
	1c. Copy line 63, Total of all property on	Schedule A/B		\$	87,828.00
Par	2: Summarize Your Liabilities				
				Vaur li	abilities
					t you owe
2.	Schedule D: Creditors Who Have Claim	s Secured by Property (Official Form 106D)		
			e bottom of the last page of Part 1 of Schedule D	\$	76,060.00
3.	Schedule E/F: Creditors Who Have Uns			\$	0.00
	,,	,) from line 6e of Schedule E/F	· 	
	3b. Copy the total claims from Part 2 (no	onpriority unsecured cla	ims) from line 6j of Schedule E/F	\$	35,770.00
			Vous total lightilities	¢	444 000 00
			Your total liabilities	\$	111,830.00
Par	3: Summarize Your Income and Exp	nenses			
4.	Schedule I: Your Income (Official Form Copy your combined monthly income from			\$	4,906.00
5.	Schedule J: Your Expenses (Official For				
J.	Copy your monthly expenses from line 2	2c of Schedule J		\$	4,619.00
Par	4: Answer These Questions for Adr	ninistrative and Statis	tical Records		
6.	Are you filing for bankruptcy under C	hanters 7, 11, or 132			
٥.		•	eck this box and submit this form to the court with yo	ur other sch	nedules.

- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,047.78 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this infor	mation to identify yo	our case and th	is filing	J:					
Deb	tor 1	Anthony Scott		Name	Last Name					
Deb	tor 2	Carly Diane W		INAIIIE	Last Name					
(Spo	use, if filing)	First Name		Name	Last Name					
Unit	ed States Ba	ankruptcy Court for the	e: EASTERN	DISTRI	CT OF MICHIGAN					
Cas	e number _	17-48035-mbm							☐ Check if this amended fili	
∩fí	ficial Fo	orm 106A/B								
_		e A/B: Pro	perty						12	/15
	er every ques	stion.	·		nis form. On the top of any add		write your r	name and case	e number (if known)).
		is the property?		What	is the property? Check all that app	ply				
	-	rquette St. if available, or other descrip	tion		Single-family home Duplex or multi-unit building Condominium or cooperative		the amount	of any secure	nims or exemptions. I d claims on <i>Schedule</i> ns Secured by Prope	e D:
	Describle	BAI.	18066-0000		Manufactured or mobile home		Current va		Current value of	
	Roseville City	MI 4	ZIP Code		Land Investment property		entire prop	perty? 65,552.00	portion you own?	
	,				Timeshare Other		Describe t	he nature of y	our ownership inter	rest
				Who	has an interest in the property	? Check one	a life estat	e), if known. nle		
	Macomb				Debtor 1 only Debtor 2 only			pio		
	County				Debtor 1 and Debtor 2 only At least one of the debtors and information you wish to add a erty identification number:		(see in	structions)	munity property	
					your entries from Part 1, inc					

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

ebto ebto	r 2 <u>C</u>	arly Diane Walters	ase number (if known) 17	n) 17-48035-mbm		
		trucks, tractors, sport utility v	ehicles, motorcycles			
	lo ′es					
	Make:	Dodge	Who has an interest in the property? Check one		claims or exemptions. Put ired claims on Schedule D	
	Model: Dart		Debtor 1 only		laims Secured by Property.	
	Year:	2013	■ Debtor 2 only	Current value of the	Current value of the	
		nate mileage: 35000	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	ormation:	☐ At least one of the debtors and another			
			☐ Check if this is community property (see instructions)	\$8,200.00	\$8,200.0	
2	Maka	BMW	Who has an interest in the property? Charleson	Do not deduct secured	claims or exemptions. Put	
2	Make:	X5	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D	
	Model: Year:	2001	☐ Debtor 1 only ☐ Debtor 2 only	Creditors vvno Have C	laims Secured by Property.	
		nate mileage: 190000	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
		ormation:	☐ At least one of the debtors and another	entire property?	portion you own:	
			At least one of the debtors and another			
			☐ Check if this is community property (see instructions)	\$3,000.00	\$3,000.0	
xa] N	mples: B		and other recreational vehicles, other vehicles, are vatercraft, fishing vessels, snowmobiles, motorcycle			
xa] ۱ ∎ ۱	mples: B			accessories	claims or exemptions. Put	
xa] ۱ ∎ ۱	mples: Bound No Yes Make:	oats, trailers, motors, personal w	watercraft, fishing vessels, snowmobiles, motorcycle Who has an interest in the property? Check one	Do not deduct secured the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D</i> laims Secured by <i>Property</i>	
xa] ۱ ∎ ۱	<i>mples:</i> B lo 'es	oats, trailers, motors, personal w	watercraft, fishing vessels, snowmobiles, motorcycle Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured the amount of any secured creditors Who Have C.	red claims on Schedule D laims Secured by Property.	
∃xa ∃ ۱	mples: Book in the second seco	oats, trailers, motors, personal w	watercraft, fishing vessels, snowmobiles, motorcycle Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secured the amount of any secu	ıred claims on <i>Schedule D</i>	
xa] N ■ N	mples: Bound of the second of	oats, trailers, motors, personal w	watercraft, fishing vessels, snowmobiles, motorcycle Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured the amount of any secured the Amount of Creditors Who Have Concept Current value of the	red claims on Schedule D laims Secured by Property. Current value of the	
xa] ۱ ∎ ۱	mples: Bound of the second of	Chriscraft 1990 ormation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured the amount of any secured the Amount of Creditors Who Have Concept Current value of the	ured claims on Schedule Delaims Secured by Property Current value of the portion you own?	
Acpa	mples: Bound in the doges you	Chriscraft 1990 ormation: n ollar value of the portion you or	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) we for all of your entries from Part 2, including a that number here	Do not deduct secured the amount of any secu Creditors Who Have Contract Value of the entire property? \$5,000.00	ured claims on Schedule Delaims Secured by Property Current value of the portion you own?	
Aca a yo	mples: Bound of the doges you own of the doges where the doges was a control of the doges where the doges was a control of the doges where the doges was a control of the doges where the doges was a control of t	Chriscraft 1990 ormation: n ollar value of the portion you or have attached for Part 2. Write the Your Personal and Household or have any legal or equitable in	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) we for all of your entries from Part 2, including a that number here	Do not deduct secured the amount of any secu Creditors Who Have Contract Value of the entire property? \$5,000.00	current value of the portion you own? Current value of the portion you own? \$16,200.00 Current value of the portion you own? Do not deduct secure	
Acpa 10 Accpa 13	mples: Bound in the document of the document o	Chriscraft 1990 ormation: n ollar value of the portion you or have attached for Part 2. Write or have any legal or equitable in goods and furnishings Major appliances, furniture, linen	Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) with for all of your entries from Part 2, including a content that number here	Do not deduct secured the amount of any secu Creditors Who Have Contract Value of the entire property? \$5,000.00	ured claims on Schedule D laims Secured by Property Current value of the portion you own? \$5,000.0 \$16,200.00 Current value of the	
Acceptant 3	mples: Bound in the document of the document o	Chriscraft 1990 ormation: n ollar value of the portion you or have attached for Part 2. Write the Your Personal and Household or have any legal or equitable in goods and furnishings Major appliances, furniture, linent scribe	Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) with for all of your entries from Part 2, including a content that number here	Do not deduct secured the amount of any secu Creditors Who Have Contract Value of the entire property? \$5,000.00	current value of the portion you own? Current value of the portion you own? \$16,200.00 Current value of the portion you own? Do not deduct secure	

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

Official Form 106A/B Schedule A/B: Property

page 2

Best Case Bankruptcy

Debtor Debtor					ase number (if known)	17-48035-mbm
□ Y	es. Describe					
Exa	other collect	d figurines; paintings, p ions, memorabilia, coll		ooks, pictures, or other a	rt objects; stamp, coin,	or baseball card collections;
■ N □ Y	o es. Describe					
Exai	musical inst	ographic, exercise, and	d other hobby equipment	; bicycles, pool tables, go	olf clubs, skis; canoes a	and kayaks; carpentry tools;
■ N	amples: Pistols, rifle	es, shotguns, ammuniti	on, and related equipme	nt		
□ N	amples: Everyday c	lothes, furs, leather co	ats, designer wear, shoe	s, accessories		
		Clothing				\$1,000.00
□ N ■ Y	es. Describe	Jewelry				\$100.00
Exa	n-farm animals amples: Dogs, cats, o es. Describe	birds, horses				
		1-Dog, 1-Cat				\$100.00
Пи	-	•	ou did not already list,	including any health aid	ds you did not list	
		Lawn Mower				\$175.00
fo		number here	from Part 3, including a	any entries for pages yo	ou have attached	\$3,875.00
Do yo u 16. Cas	·	legal or equitable into	erest in any of the follo	wing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		have in your wallet, in	your home, in a safe dep	posit box, and on hand w	hen you file your petition	on

■ No

Official Form 106A/B Schedule A/B: Property

page 3

	ebtor 1 ebtor 2		Scott Walt ne Walters				Case number (if known)	17-48035-mbm
	☐ Yes							
17			g, savings, o			ates of deposit; shares ine institution, list each.	in credit unions, brokerage I	nouses, and other similar
	Yes				Institu	ition name:		
			17.1.	Checking	Chas	se Bank		\$100.00
			17.2.	Checking & savings accor	unts Chris	stian Financial Cred	it Union	\$1.00
18				cly traded stocks ent accounts with b	orokerage firms	s, money market accoun	nts	
	■ No □ Yes			Institution or issue	er name:			
19	joint v		d stock and	interests in incor	porated and u	inincorporated busines	sses, including an interes	t in an LLC, partnership, and
	■ No □ Yes.	Give specific		about themne of entity:			% of ownership:	
20	Negoti Non-ne ■ No	able instrume	ents include parts include parts include parts are information a	personal checks, c those you cannot t	ashiers' checks	on-negotiable instrum s, promissory notes, and eone by signing or deliv	d money orders.	
21		nent or pens ples: Interests			, 403(b), thrift s	avings accounts, or other	er pension or profit-sharing	plans
	☐ Yes.	List each acc		ely. of account:	Institu	ition name:		
22	Your s		used deposit	s you have made		y continue service or us s (electric, gas, water), to	se from a company elecommunications compar	nies, or others
	■ No □ Yes.				Institu	ition name or individual:		
23	Annuit	ies (A contra	ct for a perio	dic payment of mo	ney to you, eith	ner for life or for a numbe	er of years)	
	☐ Yes		Issuer nam	e and description.				
24				n an account in a and 529(b)(1).	qualified ABL	E program, or under a	ı qualified state tuition pro	ogram.
	☐ Yes		Institution r	name and descript	on. Separately	file the records of any in	nterests.11 U.S.C. § 521(c)	
25	Trusts, ■ No	equitable o	r future inte	rests in property	(other than an	ything listed in line 1),	, and rights or powers exe	ercisable for your benefit
	☐ Yes.	Give specific	cinformation	about them				
26				es, trade secrets, es, websites, proce		Ilectual property Ities and licensing agree	ements	
		Give specific	c information	about them				

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 1 ebtor 2	Anthony Scott Walters Carly Diane Walters		Case number (if known)	17-48035-mbm
27	Examp	es, franchises, and other general intang oles: Building permits, exclusive licenses, c		licenses, professional license	es
	■ No □ Yes.	Give specific information about them			
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax ref □ No	unds owed to you			
	_	Give specific information about them, inclu	ding whether you already filed the retu	rns and the tax years	
			ated 2017 Income Tax Refund ccrued thru filing	State, Fed	\$2,100.00
29	Examp	support oles: Past due or lump sum alimony, spous	al support, child support, maintenance,	, divorce settlement, property	settlement
	■ No □ Yes.	Give specific information			
30	Exam _p ■ No	amounts someone owes you bles: Unpaid wages, disability insurance pa benefits; unpaid loans you made to so Give specific information		acation pay, workers' comper	nsation, Social Security
31	Examp	ts in insurance policies bles: Health, disability, or life insurance; hea	alth savings account (HSA); credit, hon	neowner's, or renter's insurar	nce
	■ No □ Yes.	Name the insurance company of each polic Company name:		eficiary:	Surrender or refund value:
32	If you a	erest in property that is due you from so are the beneficiary of a living trust, expect p ne has died.	omeone who has died proceeds from a life insurance policy, c	or are currently entitled to rece	eive property because
	☐ Yes.	Give specific information			
33		against third parties, whether or not yo les: Accidents, employment disputes, insu		nand for payment	
		Describe each claim			
34	■ No	contingent and unliquidated claims of ex Describe each claim	very nature, including counterclaims	s of the debtor and rights to	set off claims
35	■ No	ancial assets you did not already list			
	☐ Yes.	Give specific information			
36		he dollar value of all of your entries fron art 4. Write that number here			\$2,201.00
Pa	art 5: De	scribe Any Business-Related Property You Ov	wn or Have an Interest In. List any real es	state in Part 1.	

Official Form 106A/B Schedule A/B: Property page 5

Debto			Case number (if known)	17-48035-mbm
37. Do	you own or have any legal or equitable interest in any business-relate	ed property?		
■ N	o. Go to Part 6.			
☐ Y	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do	you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
	you have other property of any kind you did not already list? kamples: Season tickets, country club membership	?		
	งo ∕ es. Give specific information			
54. A	add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. P	art 1: Total real estate, line 2			\$65,552.00
56. P	art 2: Total vehicles, line 5	\$16,200.00		
57. P	art 3: Total personal and household items, line 15	\$3,875.00		
58. P	art 4: Total financial assets, line 36	\$2,201.00		
59. P	art 5: Total business-related property, line 45	\$0.00		
60. P	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. P	art 7: Total other property not listed, line 54 +	\$0.00		
62. T	otal personal property. Add lines 56 through 61	\$22,276.00	Copy personal property to	stal \$22,276.00
63 T	otal of all property on Schedule A/B Add line 55 + line 62			\$97 929 AA

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	rmation to identify your			
Debtor 1	Anthony Scott W	alters		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	17-48035-mbm			
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, ever	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonbar	nkruptcy exemptions.	1 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 1 Exemptions 2001 BMW X5 190000 miles Line from Schedule A/B: 3.2	\$3,000.00		100%	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	1990 Chriscraft 20ft 7in	\$5,000.00		\$2,500.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	
	Household Goods & Furnishings Line from Schedule A/B: 6.1	\$2,500.00		\$1,250.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$500.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Schedule A/B: 12.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(4)
				100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

	Brief description of the property an Schedule A/B that lists this property		e Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	1-Dog, 1-Cat Line from Schedule A/B: 13.1	\$100.00	=	\$50.00	11 U.S.C. § 522(d)(3)
	Elle Holli Genedale Av.B. 1011			100% of fair market value, up to any applicable statutory limit	
	Lawn Mower Line from Schedule A/B: 14.1	\$175.00) =	\$87.50	11 U.S.C. § 522(d)(5)
	Line Holli Schedule AVD. 14.1			100% of fair market value, up to any applicable statutory limit	
	State, Fed: Estimated 2017 Tax Refund -accrued thru fi	32.100.0t)	\$2,100.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1	g		100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead (Subject to adjustment on 4/01/19 No	•		led on or after the date of adjustme	nt.)
	☐ Yes. Did you acquire the pro	operty covered by the exemption	within 1	,215 days before you filed this case	9?
	□ No				
	☐ Yes				

Fill in this info	rmation to identify your	case:		
Debtor 1	First Name	Middle Nove	LastNama	
	First Name	Middle Name	Last Name	
Debtor 2	Carly Diane Walte	ers		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	EASTERN DISTRICT C	DF MICHIGAN	
Case number	17-48035-mbm			
(if known)	17-40035-1115111			☐ Check if this is an amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonbar	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 2 Exemptions 18431 Marquette St. Roseville, MI	\$65,552.00		\$6,066.00	11 U.S.C. § 522(d)(1)
	48066 Macomb County Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit	
	1990 Chriscraft 20ft 7in	\$5,000.00		\$2,500.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit	
	Household Goods & Furnishings Line from Schedule A/B: 6.1	\$2,500.00		\$1,250.00	11 U.S.C. § 522(d)(3)
Line non schedule A/D. 0.1				100% of fair market value, up to any applicable statutory limit	
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$500.00	11 U.S.C. § 522(d)(3)
LINE HOIN SCHEOUIE A/B. 1111				100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Jewelry

Schedule C: The Property You Claim as Exempt

\$100.00

page 3 of 4

11 U.S.C. § 522(d)(4)

\$50.00

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 12.1

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	1-Dog, 1-Cat Line from Schedule A/B: 13.1	\$100.00		\$50.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Lawn Mower Line from Schedule A/B: 14.1	\$175.00		\$87.50	11 U.S.C. § 522(d)(5)
	Life from Schedule A/D. 14.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
	Elle Holli Genedale A.B. 17.1			100% of fair market value, up to any applicable statutory limit	
	Checking & savings accounts: Christian Financial Credit Union	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No			led on or after the date of adjustme	nt.)
	Yes. Did you acquire the property cover	red by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No □ Yes				

Fill in this information to identify you	ir casa.				
Debtor 1 Anthony Scott V					
Debtor 2 Carly Diane Wa (Spouse if, filing) First Name	Middle Name Last Name		-		
3,					
United States Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGAN		-		
Case number 17-48035-mbm					
(if known)			☐ Check	if this is an	
			_	led filing	
				J	
Official Form 106D					
Schedule D. Creditors	Who Have Claims Secure	ed by Propert	V	12/15	
Correduce D. Greatters	, who have drains eccur	ca by 1 topoli	J	12,10	
	If two married people are filing together, both are out, number the entries, and attach it to this form				
1. Do any creditors have claims secured b	v vour property?				
		Many language at the second and	la manager de la fama		
No. Check this box and submit t	his form to the court with your other schedules.	. You have nothing else	to report on this form.		
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separat	tely Column A	Column B	Column C	
	s a particular claim, list the other creditors in Part 2. A		Value of collateral	Unsecured	
much as possible, list the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any	
2.1 Ally Financial	Describe the property that secures the claim:	\$16,574.00	\$8,200.00	\$8,374.00	
Creditor's Name	2013 Dodge Dart 35000 miles				
DO D 0004054	As of the date you file, the claim is: Check all that	J			
PO Box 9001951	apply.				
Louisville, KY 40290-1951	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured			
Debtor 2 only	car loan)	occurou			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	1			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset) Vehicle I	Lien			
community debt	— Other (including a right to onset)				
Date debt was incurred 2014	Look 4 digita of account number 725	4			
Date debt was incurred 2014	Last 4 digits of account number 725	<u>4</u>			
2.2 Quieken Leene	Describe the property that secures the claim:	¢50 496 00	¢65 552 00	00.00	
2.2 Quicken Loans Creditor's Name		\$59,486.00	\$65,552.00	\$0.00	
ordanor o rearrie	18431 Marquette St. Roseville, MI 48066 Macomb County				
	•				
PO BOX 6577	As of the date you file, the claim is: Check all that apply.				
Carol Stream, IL 60197	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
□ Disputed					
Who owes the debt? Check one. Nature of lien. Check all that apply.					
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured			
■ Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	1			
lacksquare At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgag	е			
Date debt was incurred 2013	Last 4 digits of account number 335	6			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	Anthony Scott Walters			Case number (if know)	17-48035-mbm
	First Name	Middle Name	Last Name		

Debtor 2 Carly Diane Walters Middle Name First Name Last Name

\$76,060.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$76,060.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in	this informa	ation to identify your ca	se:						
Debtor	r 1	Anthony Scott Walt	ers						
	•	First Name	Middle Na	ame	Last Name				
Debtor	r 2	Carly Diane Walters	3						
(Spouse	if, filing)	First Name	Middle Na	ame	Last Name				
United	States Bank	cruptcy Court for the:	EASTERN [DISTRICT OF M	ICHIGAN				
Casar	number 17	7 49025 mbm							
(if known		′-48035-mbm		_				П	Check if this is an
,									amended filing
Ott: ~:	ial Farm	400F/F							
	ial Form		a Havra	Umaaaaaaa	d Claims				40/45
		F: Creditors Wh							12/15 laims. List the other party to
Schedul left. Atta name ar	le D: Creditor ach the Contii nd case numb	nuation Page to this page. per (if known).	ed by Proper If you have n	ty. If more space no information to	is needed, copy	the Part you i	need, fill it out, n	umber the	ms that are listed in entries in the boxes on the Iditional pages, write your
Part 1		of Your PRIORITY Unse							
_	•	s have priority unsecured of	ciaims agains	st you?					
_	No. Go to Par	t 2.							
_	Yes.								
Part 2:		of Your NONPRIORITY							
3. Do	any creditors	s have nonpriority unsecur	ed claims ag	ainst you?					
	No. You have	nothing to report in this part	. Submit this f	orm to the court w	ith your other sch	edules.			
	Yes.								
uns tha	secured claim,	onpriority unsecured clair list the creditor separately for holds a particular claim, list	or each claim.	For each claim list	ted, identify what	type of claim it	is. Do not list clai	ims already	included in Part 1. If more
									Total claim
4.1	*Ford Mo	tor Credit Company,	LLC	Last 4 digits of a	ccount number	3803			\$13,685.00
	National P.O. Box		Center	When was the de	ebt incurred?	2014			
		WI 48153-9905 eet City State ZIp Code		As of the date yo	ou file the claim	ie: Chook all t	not apply		
		ed the debt? Check one.		As of the date yo	ou me, me ciami	is. Check all ti	пат арріу		
	Debtor 1			☐ Contingent					
	Debtor 2	-		☐ Unliquidated					
		and Debtor 2 only		_					
		and Debtor 2 only one of the debtors and anoth		☐ Disputed Type of NONPRI	ORITY unsecure	d claim:			
	_			☐ Student loans					
	debt	this claim is for a commu subject to offset?	inity		ising out of a sepa	aration agreem	nent or divorce tha	at you did no	ot
	■ No	•			ion or profit-sharir	ng plans, and o	other similar debts	S	
	☐ Yes			•	2014 Ford	•			

Schedule E/F: Creditors Who Have Unsecured Claims

	Anthony Scott Walters Carly Diane Walters		Case number (if know) 17-48035-mbm	l
4.2	American Anesthesiology of Michigan PC	Last 4 digits of account number	7733	\$434.00
	Nonpriority Creditor's Name PO BOX 88087	When was the debt incurred?	2016	
	Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ■ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Doctor		
4.3	Beaumont Health System	Last 4 digits of account number	2003,2001,2 021	\$4,677.00
	Nonpriority Creditor's Name 750 Stephenson Hwy PO BOX 5042 Troy, MI 48007	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Various Me	edical Accounts	
4.4	Beaumont Laboratory Nonpriority Creditor's Name	Last 4 digits of account number	9658	\$77.00
	P.O Box 5043 Troy, MI 48007-5043	When was the debt incurred?	2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Lab work		

	Anthony Scott Walters Carly Diane Walters		Case number (if know) 17-48035-mbi	m
4.5	Capital One	Last 4 digits of account number	9673	\$372.00
	Nonpriority Creditor's Name PO BOX 6492 Carol Stream, IL 60197	When was the debt incurred?	2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.6	Capital One	Last 4 digits of account number	1560	\$2,767.00
	Nonpriority Creditor's Name PO BOX 6492 Carol Stream, IL 60197	When was the debt incurred?	2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Misc. purch	nases	
4.7	CBCS Nonpriority Creditor's Name	Last 4 digits of account number	0495	\$3,519.00
	236 E. Town Street, P.O. Box 18317 Columbus, OH 43215	When was the debt incurred?	2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Ves	Other Specify Collection		

	1 Anthony Scott Walters 2 Carly Diane Walters		Case number (if know)	7-48035-mbm
4.8	Chase Bank	Last 4 digits of account number	9910	\$1,955.00
	Nonpriority Creditor's Name PO BOX 94014 Palatine, IL 60094	When was the debt incurred?	2014	
-	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that	you did not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Various Ac	counts	
4.9	Christian Financial Credit Union	Last 4 digits of account number	2001	\$1,997.00
	Nonpriority Creditor's Name 18441 Utica Rd.	When was the debt incurred?	2014	
-	Roseville, MI 48066 Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only			
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	_	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	u viaiiii.	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that	you did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Consumer	Goods	
4.1	Credit Management LP	Last 4 digits of account number	9503	\$59.00
	Nonpriority Creditor's Name 4200 International Pkwy. Carrollton, TX 75007-1906	When was the debt incurred?	2016	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that	you did not
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection		

Schedule E/F: Creditors Who Have Unsecured Claims

or 1 Anthony Scott Walters or 2 Carly Diane Walters		Case number (if know) 17-48035-mbm	
Frost Arnett Co.	Last 4 digits of account number	544G	\$442.0
Nonpriority Creditor's Name 1050 Crown Pointe Pkwy. Atlanta, GA 30338	When was the debt incurred?	2016	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Various Co	llections	
HRRG	Last 4 digits of account number	1981	\$512.0
Nonpriority Creditor's Name PO Box 459080 Fort Lauderdale, FL 33323	When was the debt incurred?	2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	■ Other. Specify Collection		
Michigan Health Care	Last 4 digits of account number	4620	\$427.0
Nonpriority Creditor's Name	_		V.2710
P.O. Box 2107	When was the debt incurred?	2015	
Southfield, MI 48037 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	-	,	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical bil	19	

1 Anthony Scott Walters 2 Carly Diane Walters		Case number (if know)	17-48035-mbm
Sprint	Last 4 digits of account number	8353	\$1,118.0
Nonpriority Creditor's Name P.O. Box 660075	When was the debt incurred?	2016	
Dallas, TX 75266 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce th	at you did not
■ No	Debts to pension or profit-sharing	ng plans, and other similar debt	s
Yes	Other. Specify Phone		
St. John Macomb Oakland Hospital	Last 4 digits of account number	2051,0552	\$300.0
Nonpriority Creditor's Name 28000 Dequindre Warren, MI 48092	When was the debt incurred?	2017	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	· ·	•
■ No	Debts to pension or profit-sharing	ng plans, and other similar debt	s
Yes	Other. Specify Various Me	edical Accounts	
Tara P Shah MD PC	Last 4 digits of account number	2361	\$66.0
Nonpriority Creditor's Name 2950 Crooks Rd Rochester, MI 48309	When was the debt incurred?	2015	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce th	at you did not
■ No	Debts to pension or profit-sharing	ng plans, and other similar debt	s
☐ Yes	Other. Specify Medical		

Schedule E/F: Creditors Who Have Unsecured Claims

		Scott Walters ne Walters		Case r	number (if know)	17-48035-m	bm
	Ourly Dia	ne waiters		Cucc .			
	•	l Services	Last 4 digits of account number	9712	!		\$1,372.00
39	npriority Cred	53rd St.	When was the debt incurred?	2004	<u> </u>		
		, SD 57106 City State Zlp Code	As of the date you file, the claim	is: Check	k all that apply		
		he debt? Check one.	As of the date you me, the claim	13. Onco	k all that apply		
	Debtor 1 only	у	☐ Contingent				
	Debtor 2 onl	у	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	Check if this	s claim is for a community	☐ Student loans				
deb	ot		Obligations arising out of a sep	aration ag	greement or divorce	that you did not	
_		bject to offset?	report as priority claims				
_			Debts to pension or profit-sharing	01		bts	
	Yes		Other. Specify Credit Care	d Purch	hases		
0 -	YS R US		Last 4 digits of account number	5481		_	\$1,991.00
	npriority Cred D Box 530		When was the debt incurred?	2014			
		, 07474-0530	when was the debt incurred?	2014	•		
		City State Zlp Code	As of the date you file, the claim	is: Check	k all that apply		
_		he debt? Check one.					
Ц	Debtor 1 only	у	☐ Contingent				
	Debtor 2 onl	у	☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only	☐ Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		s claim is for a community	☐ Student loans				
deb Is t		bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	greement or divorce	that you did not	
.		.,	Debts to pension or profit-shari	ng plans.	and other similar de	bts	
	Yes		Other. Specify Consumer	•			
	103		Other. Specify	-			
Part 3:	List Others	s to Be Notified About a Deb	ot That You Already Listed				
is trying to have more notified fo	o collect from than one coor any debts	m you for a debt you owe to so	bout your bankruptcy, for a debt that meone else, list the original creditor in you listed in Parts 1 or 2, list the add r submit this page.	n Parts 1	or 2, then list the o	collection agency	here. Similarly, if you
Name and A	ddress		On which entry in Part 1 or Part 2 did you		•	6.11 101 i	
50481 W.	PONTIAC		`	_	Creditors with Priori	•	
Wixom, N			•	■ Part 2:	Creditors with Nonp	riority Unsecured (Jaims
		<u> </u>	Last 4 digits of account number				
Part 4:	Add the Ar	mounts for Each Type of Un	secured Claim				
	amounts of one		ms. This information is for statistical	reporting	g purposes only. 28	U.S.C. §159. Add	the amounts for each
					Total	Claim	
T .4.1	6a.	Domestic support obligations		6a.	\$	0.00	
Total claims							
from Part 1		Taxes and certain other debts		6b.	\$	0.00	
	6c. 6d.		njury while you were intoxicated ecured claims. Write that amount here.	6c. 6d.	\$ 	0.00	
	ou.	Care. Add all other priority uris	course ciaims. White that diffount field.	ou.	Φ	0.00	
	6e.	Total Priority. Add lines 6a thro	ough 6d.	6e.	\$	0.00	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 8

Debtor 1 Anthony Scott Walters
Debtor 2 Carly Diane Walters

17-48035-mbm Case number (if know)

	6f.	Student loans
Total claims		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	6h.	Debts to pension or profit-sharing plans, and other similar debts
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.
	6j.	Total Nonpriority. Add lines 6f through 6i.

	Total Claim
6f.	\$ 0.00
6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 35,770.00
6j.	\$ 35,770.00

Fill in this inform	mation to identify your				
Debtor 1 Anthony Scott Wal		alters			
	First Name	Middle Name	Last Name		
Debtor 2	Carly Diane Walte	ers			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number	17-48035-mbm				
(if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Fill in this	information to identify your	case:			
Debtor 1	Anthony Scott W	alters			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	Carly Diane Walte	Middle Name	Last Name		
	ates Bankruptcy Court for the:	EASTERN DISTRICT			
	· · ·				
Case num (if known)	ber <u>17-48035-mbm</u>				☐ Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
people are fill it out, a your name	e filing together, both are equent number the entries in the earn case number (if known)	ally responsible for sup boxes on the left. Attac . Answer every question	plying correct informat h the Additional Page to n.	ion. If more space is r o this page. On the to	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes	6				
	hin the last 8 years, have you na, California, Idaho, Louisiana				
	Go to line 3. Bid your spouse, former spouse,	use, or legal equivalent liv	ve with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,☐ Schedule G, lir	
	Number Street City	State	ZIP Code	_	
	<i></i> ,	Jidio	Zii Guuc		
3.2				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	line
				☐ Schedule G, lir	ne
_	Number Street City	State	ZIP Code		

Fill	in this information to identify your o	ase:								
Deb	otor 1 Anthony Sc	ott Walters								
	otor 2 Carly Diane	Walters				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MIC	HIGAN						
Cas	se number 17-48035-mbm						Check if this is	• •		
(If kn	nown)						☐ An amende	ed filing	g	
_									owing postpetitio he following date	
<u>O</u> 1	fficial Form 106l						MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome								12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filir Ir spouse is not filing wi	ng jointly th you,	y, and your sp do not include	ouse is inforn	s livi natio	ing with you, incl on about your spo	ude in ouse. I	formation abou If more space is	t your needed,
1.	Fill in your employment information.		Debto	or 1			Debtor 2	2 or no	on-filing spouse)
	If you have more than one job,			■ Employed			■ Empl	■ Employed		
	attach a separate page with information about additional employers.	Employment status	□ No	☐ Not employed			☐ Not e	mploye	ed	
		Occupation	Truck Driver			License	Licensed Banker			
	Include part-time, seasonal, or self-employed work.	Employer's name	Snell	Snelling Employment LLC			Citizen	Citizens Bank, N.A.		
	Occupation may include student or homemaker, if it applies.	Employer's address	Suite	Valley View 700 s, TX 75244	Lane		One Citizens Plaza - RSD12 PO BOX 42028 Providence, RI 02940			25
		How long employed the	nere?	4 months				year	•	
Par	Give Details About Mo	nthly Income								
spou If yo	mate monthly income as of the duse unless you are separated.	ore than one employer, co	•	0 1		,	,		,	J
more	e space, attach a separate sheet to	this form.					For Debtor 1		Debtor 2 or	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	2,688.00	\$_	3,880.00	 -
3.	Estimate and list monthly over	ime pay.			3.	+\$	0.00	+\$	0.00	 -
4.	Calculate gross Income. Add li	ne 2 + line 3.			4.	\$	2,688.00	\$	3,880.00	

Case number (if known)

17-48035-mbm

Copy line 4 here					For	Debtor 1		Debtor 2 or filing spouse	
58. Tax, Medicare, and Social Security deductions 59. Mandatory contributions for retirement plans 59. Voluntary contributions for retirement fund loans 59. Voluntary contributions for element fund loans 59. Voluntary contributions for for formal for formal for formal for formal for formal for formal formal for formal for		Сору	r line 4 here	4.	\$	2,688.00			-
Sb. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for retirement fund loans 5d. Voluntary Contributions for Voluntary Color Voluntary 5d. Voluntary 5d. Voluntary Color Voluntary 5d. Vo	5.	List a	all payroll deductions:						-
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. 10.00 \$ 0.00 5.9. 10		5a.	Tax, Medicare, and Social Security deductions	5a.	\$	582.00	\$	815.00	
56. Voluntary contributions for retirement plans 56. Required repayments of retirement fund loans 56. Required repayments of retirement fund loans 57. Domestic support obligations 58. Union dies 59. Volunion dies 50. Add the paryoril deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 627,00 \$ 1,435,00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,061,00 \$ 2,445,00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8c. Social Security 8c. \$		5b.	•	5b.					_
56. Required repayments of retirement fund loans 56. Insurance 56. S 45,000 \$ 620,000 56. Domestic support obligations 57. Domestic support obligations 58. Insurance 58. S 5,000 \$ 0.00 59. Union dues 59. S 0.000 \$ 0.00 50. Other deductions. Specify: 51. S 0.000 \$ 0.00 50. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 627,00 \$ 1,435,00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,061.00 \$ 2,445.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and mecessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Unemployment compensation 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you raceive, such as food stanspic (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: pro rated tax refunds 8h. 1 400,00 \$ 0.00 9. Add all other income. Add line 7 + line 9. 10. Calculate monthly income. Specify: pro rated tax refunds 8h. 1 400,00 \$ 0.00 11. + \$ 0.00 12. 4,445.00 13. Do you expect an increase or decrease within the year after you file this form? 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? 14. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		5c.	·	5c.			\$		_
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59. Domestic support obligations 50. Union dues 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Add lines 58+5b+5c+5d+5e+5f+5g+5h. 6. \$ 627.00 \$ 1,435.00 7. \$ 2,061.00 \$ 2,445.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. \$ 0.00 \$ 0.00 9. \$ 0.00 8. \$ 0.00 \$ 0.00 9. \$ 0.00 8. \$ 0.00 \$ 0.00 9. \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Specify: 10. Protection or retirement income 11. \$ 1. \$ \$ 0.00 12. \$ 4,906.00 13. Do you expect an increase or decrease within the year after you file this form? ■ No.		5e.	Insurance	5e.	\$		\$		_
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5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5h+5p+5h. 6. \$ 627.00 \$ 1,435.00 \$ 1,435.00 \$ 2,445.00 \$ 1,435.00 \$ 2,445.00 \$ 2		5g.		5g.	\$_		\$		_
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8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. \$ 0.00 8h. Other monthly income. Specify: pro rated tax refunds 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 400.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 4,906.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,906.00	7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,061.00	\$	2,445.00	_
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regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: pro rated tax refunds 8h. \$ 400.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 400.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?		8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
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8h. Other monthly income. Specify: pro rated tax refunds 8h. \$\frac{400.00}{400.00} + \\$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{400.00}{400.00} + \\$ 2,445.00 = \\$ 4,906.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,906.00}{500.00}\$ Combined monthly income			Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_			· —		_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 400.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,906.00 Combined monthly income No.		-			· · —		· —		_
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. \$ 4,906.00 Combined monthly income No.		8h.	Other monthly income. Specify: pro rated tax refunds	_ 8h.+	+ \$_	400.00	⊦ \$	0.00	_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	400.00	\$	0.0	0
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	10.		•	0. \$		2,461.00 + \$_	2,4	45.00 = \$	4,906.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,906.00}{\text{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Include other Do no	de contributions from an unmarried partner, members of your household, your of friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not a	depen					0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No.	12.	Write	that amount on the Summary of Schedules and Statistical Summary of Certain						,
	13.	Do y	·	•					
☐ Yes. Explain:									
			Yes. Explain:						

Eill	in this information to identify your case:				
			Chaol	c if this is:	
Deb	Anthony Scott Walters			An amended filing	
	otor 2 Carly Diane Walters Duse, if filing)				ving postpetition chapter the following date:
Unit	ed States Bankruptcy Court for the: _EASTERN DISTRICT OF M	/ICHIGAN	1	MM / DD / YYYY	
	e number				
Se info	fficial Form 106J chedule J: Your Expenses as complete and accurate as possible. If two married per commation. If more space is needed, attach another sheet to mber (if known). Answer every question.	ople are filing together, b o this form. On the top o	ooth are equa	lly responsible fo nal pages, write y	12/15 or supplying correct your name and case
Par 1.	t1: Describe Your Household Is this a joint case?				
••	□ No. Go to line 2.				
	■ Yes. Does Debtor 2 live in a separate household?				
	■ No □ Yes. Debtor 2 must file Official Form 106J-2, Exp.	penses for Separate Hous	ehold of Debto	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information each dependent	•		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Child		1	□ No ■ Yes
		Child		3	□ No ■ Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
exp	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unenses as of a date after the bankruptcy is filed. If this is a blicable date.				
the	lude expenses paid for with non-cash government assistance and have included it on Scheduficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your reside payments and any rent for the ground or lot.	ence. Include first mortgaç	ge 4. \$		540.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		94.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, such 	as home equity loans	4d. \$ 5. \$		0.00 0.00
٥.		. ac norms squity louris	υ. ψ		0.00

Official Form 106J

	tor 1 Anthony Scott Walters Carly Diane Walters	Case numbe	er (if known)	17-48035-mbm
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a. S	\$	300.00
	6b. Water, sewer, garbage collection	6b. S	\$	80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. S	\$	350.00
	6d. Other. Specify:	6d. S	\$	0.00
7.	Food and housekeeping supplies	7. 9	\$	1,000.00
8.	Childcare and children's education costs	8. 9	\$	800.00
9.	Clothing, laundry, and dry cleaning	9. 9	·	140.00
	Personal care products and services	10. \$	\$	150.00
	Medical and dental expenses	11. \$	\$	175.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12. \$	¢	400.00
12	Do not include car payments.	13. 3	·	130.00
	Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations	14.		
	Insurance.	14. 3	Ψ	0.00
13.	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a. S	\$	0.00
	15b. Health insurance	15b. S	\$	0.00
	15c. Vehicle insurance	15c. S	\$	400.00
	15d. Other insurance. Specify:	15d. S	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16. \$	\$	0.00
17.	Installment or lease payments:		•	
	17a. Car payments for Vehicle 1	17a. S		0.00
	17b. Car payments for Vehicle 2	17b. S		0.00
	17c. Other. Specify:	17c. S	*	0.00
4.0	17d. Other. Specify:	17d. S	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report a deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00
19	Other payments you make to support others who do not live with you.	•	\$	0.00
	Specify:	19.	—	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch	-	ır Income.	
	20a. Mortgages on other property	20a. S		0.00
	20b. Real estate taxes	20b. S	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. S	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. S	\$	0.00
	20e. Homeowner's association or condominium dues	20e. S	\$	0.00
21.	Other: Specify: Pet	21	+\$	60.00
22.	Calculate your monthly expenses 22a. Add lines 4 through 21.		\$	4,619.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-,
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,619.00
				4,019.00
23.	Calculate your monthly net income.		_	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. S	·	4,906.00
	23b. Copy your monthly expenses from line 22c above.	23b	-\$	4,619.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. S	\$	287.00
24.	Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect yo modification to the terms of your mortgage? No. Yes. Explain here:	⊢ ou file this f	form?	ase or decrease because of a

page 2

Fill in this info				
Debtor 1	Anthony Scott Wa	alters		
	First Name	Middle Name	Last Name	
Debtor 2	Carly Diane Walte	ers		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MICHIGAN	
Case number	17-48035-mbm			
(if known)	11 4000 1110111			☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is No	OT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have reached they are true and correct. X /s/ Anthony Scott Walters Anthony Scott Walters	X /s/ Carly Diane Walters Carly Diane Walters Signature of Debtor 2

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in	this inforn	nation to identify you	r case:			
Debto		Anthony Scott V				
Debio		First Name	Middle Name	Last Name		
Debto		Carly Diane Walt				
(Spouse	e if, filing)	First Name	Middle Name	Last Name		
United	d States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case (if known		17-48035-mbm				theck if this is an mended filing
Stat Be as o	ement complete a ation. If m	and accurate as possi	attach a separate sheet to	re filing together, both are	equally responsible for sup y additional pages, write you	
Part 1	Give D	Details About Your Ma	rital Status and Where You	Lived Before		
1. W	hat is you	r current marital statu	is?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. Lis	at all of the places you li	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
C	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
		·	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
Fi	Il in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
] No					
	Yes. Fill	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,855.00	■ Wages, commissions, bonuses, tips	\$9,801.00
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.		income deductions and ons)	Sources of inc		Gross income (before deductions and exclusions)
	/ lanuary 1 to December 31 2016)		■ Wages, commissions, bonuses, tips			■ Wages, combonuses, tips	nmissions,	\$10,644.00	
				☐ Operating a business			☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	•		■ Wages, combonuses, tips	\$39,614.00	
				☐ Operating a business			Operating a	business	
	and other winnings. List each	public bene If you are fil	fit payments; ing a joint ca the gross inc	her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	rest; divide you receive	nds; money collected together, list it	cted from lawsuits; only once under D	royalties; an ebtor 1.	
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each so	deductions and	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for	Bankrupto	;y			
6.	Are eithe ☐ No.	Neither D	ebtor 1 nor I	e's debts primarily consumer Debtor 2 has primarily consumary Deprisonal, family, or househol	umer debts		ts are defined in 11	U.S.C. § 10	11(8) as "incurred by an
		During the No.	90 days before 3	ore you filed for bankruptcy, di 7.	id you pay	any creditor a tota	al of \$6,425* or mo	re?	
		☐ Yes	paid that c	each creditor to whom you pai reditor. Do not include paymer payments to an attorney for the	nts for dom	estic support obli			
		* Subject		nt on 4/01/19 and every 3 years			or after the date of	of adjustment	t.
	Yes.			or both have primarily consu ore you filed for bankruptcy, di			al of \$600 or more	?	
		□ _{No.}	Go to line	7.					
		■ Yes	include pay	each creditor to whom you pai yments for domestic support of r this bankruptcy case.					
	Creditor	's Name an	d Address	Dates of payme	ent	Total amount	Amount you still owe	Was this	payment for
	20555 V	n Loans /ictor Park , MI 48152	•	3/17, 4/17, 5/1	7	paid \$1,590.00	\$59,486.00	■ Mortga □ Car □ Credit (□ Loan R □ Supplie	Card

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debto Debto	r 1 Anthony Scott Walters r 2 Carly Diane Walters		Cas	se number (if known)	17-48035-n	nbm	
<i>In</i> of a	ithin 1 year before you filed for bankrupto siders include your relatives; any general pa which you are an officer, director, person in business you operate as a sole proprietor. 1 mony.	ortners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which you g securities; and ar	u are a generally managing aç	l partner; corporation gent, including one fo	
	No						
	Yes. List all payments to an insider.						
lr	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment	
in	Vithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an asider? Include payments on debts guaranteed or cosigned by an insider.						
	l No						
	Yes. List all payments to an insider						
lr	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for to	this payment tor's name	
Part 4	Identify Legal Actions, Repossession	ns. and Foreclosures					
C	Case title	Nature of the case	Court or agency		Status of the	e case	
C	ase number						
	Nithin 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.						
	No. Go to line 11.						
	Yes. Fill in the information below.						
C	reditor Name and Address	Describe the Property		Date		Value of the property	
		Explain what happened	d			,	
	ord Motor Credit O BOX 64400	2014 Ford Focus		02/08	3/17	\$13,685.00	
	Colorado Springs, CO 80962	 ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. 					
	ithin 90 days before you filed for bankrup counts or refuse to make a payment beca No Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any a	mounts from	
	Creditor Name and Address	Describe the action the	e creditor took		action was	Amour	
	ithin 1 year before you filed for bankrupto		erty in the possess	taken ion of an assignee		fit of creditors, a	
CC	ourt-appointed receiver, a custodian, or and No	HOTHER OTHCIAL?					
	l Yes						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 Anthony Scott Walters Otor 2 Carly Diane Walters		Case number (if known) 17-48035	-mbm		
Par	t 5: List Certain Gifts and Contribution	s				
13.	Within 2 years before you filed for bankre ■ No □ Yes. Fill in the details for each gift.			n? Value		
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address:	0 Describe the gifts	Dates you gave the gifts	value		
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No □ Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	•	Dates you contributed	Value		
Par	t 6: List Certain Losses					
	or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred	Describe any insurance coverage for the Include the amount that insurance has paid insurance claims on line 33 of Schedule A/E	I. List pending loss	Value of property lost		
Par	t 7: List Certain Payments or Transfers	3				
16.	□ No ■ Yes. Fill in the details. Person Who Was Paid Address		pperty Date payment or transfer was			
	Email or website address Person Who Made the Payment, if Not Y	ou	made			
	Frego & Associates - The Bankrupt Law 23843 Joy Road Dearborn Heights, MI 48127 fregolaw @aol.com	cy Attorney Fees	03/01/17	\$0.00		
	Green Path Credit Counseling 315 E. Eisenhower Suite 206 Ann Arbor, MI 48108	Bankruptcy Credit Counselir	ng 05/2017	\$50.00		

17.	Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you No	ors or to make payment			or transfer any proper	ty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.					
	☐ Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfer			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					
	Name of trust	Description and	value of the prope	erty transferr	ed	Date Transfer was
	rumo or trust	Description and	value of the prop	orty transition	cu	made
	List of Certain Financial Accounts, In Within 1 year before you filed for bankrupto sold, moved, or transferred?	•	J	n your name, or for yo	our benefit, closed,	
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.					
	Yes. Fill in the details.					
	Name of Financial Institution and	Last 4 digits of	Type of accour	nt or Da	te account was	Last balance
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	clo mo	osed, sold, oved, or onsferred	before closing or transfer
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?					
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Anthony Scott Walters
Debtor 2 Carly Diane Walters

Case number (if known) 17-48035-mbm

Pai	t 9: Identify Property You Hold or Control for	Someone Else					
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold for someone.					, or hold in trust		
	No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value		
Pai	t 10: Give Details About Environmental Inform	ation					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
_	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		al law,	whether you now own, operate, o	r utilize it or used		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		us wa	ste, hazardous substance, toxic s	ubstance,		
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wh	en the	ey occurred.			
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case		
Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	otor 1 Anthony Scott Walters Otor 2 Carly Diane Walters		Case number (if known)	17-48035-mbm			
	 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. 						
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identif Do not include S Dates business	ocial Security number or ITIN.			
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below.	cy, did you give a financial statement t	to anyone about your b	ousiness? Include all financial			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
I ha	ve read the answers on this <i>Statement of Fin</i> true and correct. I understand that making a a bankruptcy case can result in fines up to 5 J.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or				
	Anthony Scott Walters	/s/ Carly Diane Walters					
Anthony Scott Walters Signature of Debtor 1		Carly Diane Walters Signature of Debtor 2					
Dat	te _May 26, 2017	Date May 26, 2017					
Did ■ N	**	nt of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?			
		an attorney to help you fill out bankru		al Form 119).			